

APPLICATION DATA SHEET**APPLICATION INFORMATION**

Application Number	::	10/678,206
Filing Date	::	10-03-2003
Application Type	::	REGULAR
Subject Matter	::	UTILITY
Suggested Group Art Unit	::	3732
CD-ROM or CD-R?	::	NONE
Number of CD disks	::	N/A
Number of copies of CDs	::	N/A
Sequence submission?	::	NO
Computer Readable Form (CRF)	::	N/A
Number of Copies of CRF	::	N/A
Title	::	HAIR TREATMENT APPLICATOR
Attorney Docket Number	::	9049
Request for Early Publication?	::	NO
Request for Non-Publication?	::	NO
Suggested Drawing Figure	::	1
Total Drawing Sheets	::	5
Small Entity?	::	NO
Petition Included?	::	NO
Petition Type	::	N/A

APPLICANT INFORMATION

APPLICANT ONE		
Applicant Authority Type	::	INVENTOR
Primary Citizenship Country	::	US
Status	::	FULL CAPACITY
Given Name	::	KEITH
Middle Name	::	
Family Name	::	COLACIOPPO
Name Suffix	::	
City of Residence	::	BRONX
State or Province of Residence	::	NEW YORK
Country of Residence	::	USA
Street of mailing address	::	3191 VALHALLA DRIVE
City of mailing address	::	BRONX
State or Province of mailing address	::	NEW YORK
Country of mailing residence	::	USA
Postal or Zip Code of Mailing address	::	10465

APPLICANT TWO		
Applicant Authority Type	::	INVENTOR
Primary Citizenship Country	::	US
Status	::	FULL CAPACITY
Given Name	::	ANNE
Middle Name	::	MARIE
Family Name	::	LENZI-BRANGI
Name Suffix	::	
City of Residence	::	ORANGE
State or Province of Residence	::	CT
Country of Residence	::	USA
Street of mailing address	::	800 ROBERT TREAT DRIVE
City of mailing address	::	ORANGE
State or Province of mailing address	::	CT
Country of mailing residence	::	USA
Postal or Zip Code of Mailing address	::	06477

APPLICANT THREE		
Applicant Authority Type	::	INVENTOR
Primary Citizenship Country	::	US
Status	::	FULL CAPACITY
Given Name	::	GARY
Middle Name	::	
Family Name	::	ALBAUM
Name Suffix	::	
City of Residence	::	CROTON
State or Province of Residence	::	NEW YORK
Country of Residence	::	USA
Street of mailing address	::	7 ORIOLE LANE
City of mailing address	::	CROTON
State or Province of mailing address	::	NEW YORK
Country of mailing residence	::	USA
Postal or Zip Code of Mailing address	::	10520

APPLICANT FOUR		
Applicant Authority Type	::	INVENTOR
Primary Citizenship Country	::	US
Status	::	FULL CAPACITY
Given Name	::	KIMBERLY
Middle Name	::	A.
Family Name	::	DROSOS
Name Suffix	::	
City of Residence	::	NORWALK
State or Province of Residence	::	CT
Country of Residence	::	USA
Street of mailing address	::	24 LINDEN HEIGHTS
City of mailing address	::	NORWALK
State or Province of mailing address	::	CT
Country of mailing residence	::	USA
Postal or Zip Code of Mailing address	::	06851

CORRESPONDENCE INFORMATION

Correspondence Customer No.	::	27752
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Fax Number	::	513-626-1355
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REPRESENTATIVE INFORMATION

Representative Customer No.	::	27752
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/416,163	10-04-2002
This application	an application claiming the benefit under 35 USC 119(e)	29/168,576	10-04-2002

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::

ASSIGNEE/ASSIGNMENT INFORMATION

Assignee Name	::	The Procter & Gamble Company
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	::	6090 Center Hill Road
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